

JANUARY 29, 2008

MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

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MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

DEC 17 2007

RAMONEGRIFFIN 20060088113

(Enter above the full name of the plaintiff or plaintiffs in this action)

V5.

07cv7069 JUDGE BUCKLO MAG.JUDGE ASHMAN

(To be supplied by the Clerk of this Court)

SHERIFE TOM DART	(10
MEDICAL DIRECTOR TI	νĢ
OFFICER KOZEL	
(Enter above the full name of ALL	

(Enter above the full name of ALL defendants in this action. <u>Do not</u> use "et al.")

CHECK ONE ONLY:

 COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 U.S. Code (state, county, or municipal defendants)
 COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE 28 SECTION 1331 U.S. Code (federal defendants)
OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.	Plair	ntiff(s):
	Α.	Name: RAMONE GRIFFIN
	В.	List all aliases: NONE
	C.	Prisoner identification number: 20060088113
	D.	Place of present confinement: COOK COUNTY JAIL
	E.	Address: 2750 S. CALIFORNIA CHGO IL, 60608
	ոսու	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. per, place of confinement, and current address according to the above format on a rate sheet of paper.)
II.	ndant(s): below, place the full name of the first defendant in the first blank, his or her official ion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.)	
	A.	Defendant: SHERIFF TOM DART
		Title: \$ COOK COUNTY SHERIFF
		Place of Employment: Cook County, TLLT NOIS
	В.	Defendant: MEDICAL DIRECTOR TING
		Title: COOK COUNTY JAIL MEDICAL DIRECTOR
		Place of Employment: COOK COUNTY JAIL
a.	C.	Defendant:
		Title:
		Place of Employment:

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

COUNT DATHAMEND MENT/CRUEL AND INVUSUAL PUNISHMENT 14TH AMEND MENT/DUE PROCESS BEGINNING JUNE 10,2006, DEFENDANTS BEGIN VIOLATING MYRIGHTS AND DENVING MEMEDICAL ATTENTION. I STARTED SUFFERING FROM PRIOR INJURIES ; e. GUNSHOTWOUNDS WHICHINCLUDES (RODS AND PINS) INBOTH OF MY LEGS WHICH CAUSES ME EXTREMEPAIN WHENI MADE REQUEST TO RECEIVE FURTHERMEDICA ATTENTIONE COOK CO. JATI IT TOOK 7 PLUS MONTHS FOR THE DEFE NDANTS TO AT LEAST CALL ME TOSPEAK TOME. BUT I GOT LITTL HELP. AND MANY REFUSALS. PLAINTIFF MADE NUMEROUS REQUES FOR HELP FOR FOLLOW-UP MEDICAL ATTN. HAD DEFENDANTS ANSWERED HIS REQUEST, THEY WOULD HAVE NOTICED THAT MY HIP AND FEMERONMY RIGHTLEG WAS HEALING RACK THEWRONG WAY (CROOKED AND APART) WHICH WASLATER DISCOVERED BYX-RAY NOW DUETOTHE DEFENDANTS INTENTIONALLY REFUSING PLAINTIFF MEDICAL ATTN. PLAINTIFFS PAIN HAS INCREASED DEFENDANTS ARESUED INTHEIR INDIVIDUAL AND OFFICIAL CAPACITIES. WHERE AS DEFENDANTS KNEW ORSHOULD HAVE

KNOWN THAT THEIR ACTIONS COULD OR WOULD CAUSE HIM IRREPARABLE INJURY. DEFENDANTS DID SOM LLICIOUSLY AND INTENTIONALLY FOR NO PENDLOGICAL PURPOSE. AS A RESULT OF THESE VIOLATIONS PLAINTIFF SUFFERS FROM SEVERE PAIN IN HISBACK ANDLEGS, CROOKED BONES LND SWELLING CONSTANTLY, SEVERE DEPRESSIC SEVERE HEAD ACHES AND A BADLIMP WHEN WALKING.

NOTE: ALL DEFENDANTS KNEW OF PLATNTIFF MEDICAL PROBLE 8TH J 14TH AMENDMENT (CRUEL AND UNUSUAL PUNISHMENT) DUE PROCESS COUNT (2) ON DEC 15, 2006 DEFENDANT OFFICER KOZELTOOK PLAINTIFFS CRUTCHES FROM HIMFOR NOREASON EXCEPT TOCKUSE HIMPAIN AND SUFFERING. PLAINTIFFS POKE TO DEFENDANT WHO TOLD HIM TOSTOP "BITCHING AND BOND OUT THEN DEFENDANT LAUGHED WHEN DEFENDANT PLAINTIFFS CRUTCHES. HEBEGAN HAVING TROUBLEWALKING AND HAVING MORE PAIN AND SWELLING. DEFENDANTS ACTION WERE A CONTRIBUTING FACTOR IN HIS NEWMEDICAL PROBLEM DEFENDANTS ARE SUED IN THEIR INDIVIDUAL AND CAPACITIES, DEFENDANT KNEWOR SHOULD HAVE KNOWN THAT AISACTIONS WOULD CAUSE PLAINTIFF I RREPARABLE INJURY AND DID SO MALTCIOUSLY AND WITH THEINTENT TO CAUSE INTURY, FOR NO PENOLOGICAL PURPOSE. AS A RESULT PLAINTTEF SUFFERS HEADACHES, DEPRESSION BONE DEFORMITY.

CONNTB 8THAMEND MENT-CRUEL ANDUNUSUAL PUNISHME 14TH AMENDMENT-DUE PROCESS ONOR ABOUT 8-20-0 L COMPLAINED ABOUTMY BLEEDING GUMS, TOOTH ACHES GROWING DENTAL PROBLEMS: ONOR ABOUT THE ABOVE DATE MY GUMS STARTED BLEEDING, AS THEY POJUST ABOUT DAILY NOW, I WAS TRYING TO BRUSH MYTEETH HERE TO MAINTAIN PROPER DENTA HYGIENE. BUT THE DEFENDANTS STOPPED SELLING OR PROVIDING TOOTH BRUSHES THAT WILL REACHMY BACK TEETH, THE CONTRAPTION I MUST USE IS 2 INCHE LONG AND CANNOTREACH THE BACK OF MY MOUTH AND SINCE DEFENDANTS WONTLET MEGET DENTAL Floss EITHER IMUSTHAVE "BAD BREATH "AND DENTAL PROBLEMS, PLAINTIFF SENT/MADE OUT NUMEROUS. REQUEST AND GRIEVANCES TO GETHELP BUT WAS TOLD THAT YALL DON'T GET DENTAL OREYECARE ANYMORE WRITE YOUR CHOVENOR DEFENDANTS ARE SUEDIN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES. DEFENDANTS KNEWORSHOULD HAVE KNOWN THAT THEIR ACTIONS WOULI CAUSE PLAINTIFF IRREPARABLE INJURY AND DIDSO MALICIOUSLY FOR NO PENOLOGICAL PURPOSE. AS A RESULT OF DEFENDANTS ACTIONS, FLAINTIFFNOI SUFFERS FROM GUM INFECTION, BLEEDING GUMS · GINGIVITIS, DECKYING TEETH AND SEVERE DEPRESSION.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

\$ 100,000 00 FOR COMPENSENTORY DAMAGES FOR EACH COUNT.
\$ 500,000 00 FOR PUNITIVE DAMAGES FOR EACH COUNT.

AND ANY OTHER RELIEF THIS COURT DEEMS JUST AND EQUITABLE.

ALL RELATED MEDICAL EXPENSES FOR ATIME THAT SHOULD NOT

EXCEED THE YEAR 2026 OR TWENTY YEARS AFTER FINAL DISPOSITION

OF THIS CASE. PLUS ALL COURT COST AND LEGAL FEES.

VI. The plaintiff demands that the case be tried by a jury. YES INO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _	4 day of DEC , 2006
R	Briffin
	plaintiff or plaintiffs)
RAMON (Print name)	E GRIFFIN
20060	
(I.D. Number	2750 S. CALIFORNIA AVE.
Po Bo	0× # 089002
CHI	CAGO. IL. 60608
(Address)	

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